



DEPARTMENT OF HEALTH & HUMAN SERVICES

Health Care Financing Administration

Center for Medicaid and State Operations

7500 Security Boulevard

Baltimore, MD 21244-1850

MAY 4 2000

Mr. Dennis G. Smith
Director
Department of Medical Assistance Services
600 East Broad Street
Richmond, Virginia 23219

Dear Mr. Smith:

I am pleased to inform you that your request for Virginia's "Individual and Family Developmental Disabilities Support (JFDDS)" Medicaid Home and Community-Based Services waiver, as authorized under section 1915(c) of the Social Security Act, has been approved. Based on your request dated February 3, 2000 as well as supplemental information, I approve this waiver for a three year period effective July 1, 2000. This waiver has been assigned the Health Care Financing Administration control number VA 0358, which should be referenced on all future correspondence on this waiver.

You requested this waiver to enable individuals, 6 years of age and older, with developmental disabilities (including autism) to live as independently as practical in their homes or community with increased autonomy regarding needed services. The waiver allows for consumer directed services for those who, absent the waiver, would require an Intermediate Care Facility/Mentally Retarded level of care.

The menu of available waiver services includes: personal care, attendant care, respite care, crisis stabilization, therapeutic consultation, assistive technology, personal emergency response system, family/caregiver training, day support, in-home residential support, supported employment, companion care, skilled nursing, and environmental modifications.

The following estimates of average per capita costs of waiver services and unduplicated recipients have been approved:

	<u>Factor D</u>	<u>Unduplicated Recipients</u>
1	\$15,933	254
2	\$23,631	323
3	\$23,631	323

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With documentation of satisfactory performance and oversight, the waiver may be renewed at the end of the 3-year period. We appreciate the cooperation provided by you and your staff during our review of this waiver.

Sincerely,

A handwritten signature in cursive script that reads "Mary for Timothy". The signature is written in black ink and is positioned above the printed name of the signatory.

Timothy M. Westmoreland, Director
Center for Medicaid and State Operations

cc:
Philadelphia Regional Office